

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: **SOUTH DAKOTA***** Filings Made During the Year 2017

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½" x 14")	1	EO	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E27)	1	EO	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")	1	EO	xxx	5/15, 8/15, 11/15	NAIC	
	3	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	
	4	Combined Annual Statement (8 ½" x 14")	1	EO	Xxx	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Accident & Health Policy Experience Exhibit	1	EO	xxx	4/1	NAIC	
	12	Actuarial Opinion	1	EO	xxx	3/1	Company	
	13	Actuarial Opinion Summary	1	N/A	xxx	3/15	Company	
	14	Bail Bond Supplement	1	EO	xxx	3/1	NAIC	
	15	Combined Insurance Expense Exhibit	1	EO	xxx	5/1	NAIC	
	16	Credit Insurance Experience Exhibit	1	EO	xxx	4/1	NAIC	
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	1	EO	xxx	4/1	NAIC	
	18	Director and Officer Insurance Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	19	Financial Guaranty Insurance Exhibit	1	EO	xxx	3/1	NAIC	
	20	Insurance Expense Exhibit	1	EO	xxx	4/1	NAIC	
	21	Long-Term Care Experience Reporting Forms	1	EO	xxx	4/1	NAIC	
	22	Management Discussion & Analysis	1	EO	xxx	4/1	Company	
	23	Medicare Part D Coverage Supplement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	24	Medicare Supplement Insurance Experience Exhibit	1	EO	xxx	3/1	NAIC	
	25	Premiums Attributed to Protected Cells Exhibit	1	EO	xxx	3/1	NAIC	
	26	Reinsurance Summary Supplemental	1	EO	xxx	3/1	NAIC	
	27	Reinsurance Attestation Supplement	1	EO	xxx	3/1	Company	
	28	Exceptions to Reinsurance Attestation Supplement	1	N/A	xxx	3/1	Company	
	29	Risk-Based Capital Report	1	EO	xxx	3/1	NAIC	
	30	Schedule SIS	1	N/A	N/A	3/1	NAIC	
	31	Supplement A to Schedule T	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
	32	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	
	33	Supplemental Health Care Exhibit (Parts 1, 2 and 3)		EO		4/1	NAIC	
	34	Supplemental Health Care Exhibit's Allocation Report Supplement		EO		4/1	NAIC	
	35	Supplemental Investment Risk Interrogatories		EO		4/1	NAIC	
	36	Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts		EO		3/1	NAIC	
	37	Trusteed Surplus Statement	1	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	
		III. ELECTRONIC FILING REQUIREMENTS						
	61	Annual Statement Electronic Filing	xxx	EO	xxx	3/1	NAIC	
	62	March .PDF Filing	xxx	EO	xxx	3/1	NAIC	
	63	Risk-Based Capital Electronic Filing	xxx	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	xxx	EO	N/A	3/1	NAIC	
	65	Combined Annual Statement Electronic Filing	xxx	EO	xxx	5/1	NAIC	
	66	Combined Annual Statement .PDF Filing	xxx	EO	xxx	5/1	NAIC	
	67	Supplemental Electronic Filing	xxx	EO	xxx	4/1	NAIC	
	68	Supplemental .PDF Filing	xxx	EO	xxx	4/1	NAIC	
	69	Quarterly Statement Electronic Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	
	70	Quarterly .PDF Filing	xxx	EO	xxx	5/15, 8/15, 11/15	NAIC	

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
	71	June .PDF Filing	xxx	EO	xxx	6/1	NAIC	
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	81	Accountants Letter of Qualifications	1	EO	N/A	6/1	Company	
	82	Audited Financial Reports	1	EO		6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	1	N/A	N/A		Company	
	84	Communication of Internal Control Related Matters Noted in Audit	1	EO	N/A	8/1	Company	
	85	Independent CPA (change)	1	N/A	N/A		Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	1	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for lead audit partner	1	EO	xxx	3/1	Company	
	89	Relief from the one-year cooling off period for independent CPA	1	EO	xxx	3/1	Company	
	90	Relief from the Requirements for Audit Committees	1	EO	xxx	3/1	Company	
	91	Request to File Consolidated Audited Annual Statements	1	N/A	N/A		Company	
	92	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A		Company	
		V. STATE REQUIRED FILINGS***						
	101	Certificate of Compliance		0			State	
	102	Certificate of Deposit		0			State	
	103	Filings Checklist (with Column 1 completed)		0			State	
	104	Form B-Holding Company Registration Statement	1	0		7/1	Company	
	105	Form F-Enterprise Risk Report ***	1	0		7/1	Company	
	106	ORSA ****		0			Company	
	107	Premium Tax Form	1	0	1	3/1	State	C, D, E, F, N, P, Q, R, S, T
	108	State Page	1	0	1	3/1	State	R
	109	Schedule T	1	0	1	3/1	State	R
	110	Statement of Deposit	1	0	0	3/1	State	Domestic Only
	111	Quarterly Payment Voucher	1	0	1	4/30/, 7/31, 10/31, 1/31	State	D, S
	112	Publication Statement	1	0	1	3/1	NAIC	T
	113	Signed Jurat	xxx	0			NAIC	

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

***For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL:
http://www.naic.org/public_lead_state_report.htm

****For those states that have adopted the NAIC updated Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. Consistent with the Form B filing requirements, the ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL:
http://www.naic.org/public_lead_state_report.htm

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	Required Filings Contact Person:	Johanna Nickelson Johanna.Nickelson@state.sd.us 605-773-3563
	B	Mailing Address:	South Dakota Division of Insurance 124 South Euclid Ave, 2nd Floor Pierre, SD 57501
	C	Premium Tax Payments Complete Electronically:	http://tritechsoft.com/efilenetsd/efilenetsd/efiledefaultsd.aspx
	D	Mailing Address for Premium Tax Payments and Voucher:	South Dakota Remittance Center PO Box 5055 Sioux Falls, SD 57117 Or ground delivery: South Dakota Remittance Center 300 S. Sycamore Avenue #102 Sioux Falls, SD 57110
	E	Delivery Instructions:	Postmarked NO LATER than March 1st or a penalty will apply NO EXCEPTIONS
	F	Late Filings:	A penalty of 1.5% will apply on premium tax fees postmarked after March 1st
	G	Original Signatures:	Not Required
	H	Signature/Notarization/Certification:	
	I	Amended Filings:	Amended Filings: http://tritechsoft.com/efilenetsd/efilenetsd/efiledefaultsd.aspx
	J	Exceptions from normal filings:	
	K	Bar Codes (State or NAIC):	
	L	Signed Jurat:	Domestic Companies Only
	M	NONE Filings:	
	N	Filings new, discontinued or modified materially since last year: 2016 Tax Returns MUST be filed electronically	2016 YEAR-END RETURNS MUST BE FILED ELECTRONICALLY. http://tritechsoft.com/efilenetsd/efilenetsd/efiledefaultsd.aspx
	P	Foreign Companies are not required to file the annual statement	
	Q	2016 Premium Tax Forms – Filed Electronically ONLY	http://tritechsoft.com/efilenetsd/efilenetsd/efiledefaultsd.aspx
	R	Electronically attach both the State Page and Schedule T to the Premium Tax Return. Do Not Send Under Separate Cover	Instructions will be on Tri-Tech website
	S	If previous tax year liability exceeds \$5,000 then quarterly payments are required.	Due: 4/30, 7/31, 10/31, 1/31
	T	Publication Statement – Send to Keith Jensen @ SD Newspaper Services as noted on the form. DO NOT SEND a copy to the South Dakota Division of Insurance.	Not all companies are required to file the publication statement. A listing of companies required to file is available at www.dlr.sd.gov/insurance . Click on 'Companies' then 'filing & forms.' Go to the Publication Statement Area.

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "X" in this column when mailing information to the state.

Column (2) Line #

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) Required Filings

Name of item or form to be filed.

The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Risk-Based Capital.PDF Filing*** is the .pdf file for risk-based capital data.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental.PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Quarterly Statement Electronic Filing*** includes the complete quarterly statement data.

The ***Quarterly Statement.PDF Filing*** is the .pdf file for quarterly statement data.

The ***Combined Annual Statement Electronic Filing*** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The ***Combined Annual Statement.PDF Filing*** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: “NAIC,” “State,” or “Company.” If this column contains “NAIC,” the company must obtain the forms from the appropriate vendor. If this column contains “State,” the state will provide the forms with the filing instructions. If this column contains “Company,” the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the *NAIC Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

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